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Date: February 10, 2006

Time: .m. (Minneapolis)

From: Scott A. Marks

Telephone Number: 612/766-7820

To: Mail Stop AMENDMENT
Commissioner for Patents
Patent & Trademark Office

Fax No.: 571-273-8300

Inventor(s): ROBERT L. DOUBLER et al.

Appln. No.: 10/618,689

Filing Date: July 9, 2003

Title: PRECISE LINEAR FASTENER
SYSTEM AND METHOD FOR USE

Examiner: REESE, David C.

Group Art Unit: 3679

Docket No. 75028-309325

Attached in connection with the above-captioned patent application are the following:

1. Statement Under 37 CFR 3.73(b) (1 page)
 2. Power of Attorney to Prosecute Applications Before the USPTO (1 page)

If you do not receive all pages, please call the Fax Center at 612/766-1650 or Kristine Stefano at 612/766-7781.

F&B(10-05) SB/96 (09-04)

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: ROBERT L. DOUBLER et al.Application No./Patent No.: 10/618,689 Filed/Issue Date: July 9, 2003Entitled: **PRECISE LINEAR FASTENER SYSTEM AND METHOD FOR USE**

Zimmer Spine, Inc. , a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. the assignee of the entire right, title, and interest; or
2. an assignee of less than the entire right, title, and interest

The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: Robert L. Doubler et al. To: Ortho Innovations LLCThe document was recorded in the United States Patent and Trademark Office at
Reel 016821, Frame 0460, or for which a copy thereof is attached.2. From: Ortho Innovations LLC To: Zimmer Spine, Inc.The document was recorded in the United States Patent and Trademark Office at
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3. From: _____ To: _____

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[NOTE: A separate copy (i.e., a true copy of the original document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Scott A. Marks

Signature

February 10, 2006

Date

Scott A. Marks, #44,902

612-766-7820

Printed or Typed Name

Telephone Number

Attorney

Title

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

M2:20774010.01

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

- Practitioners associated with the Customer Number: **43541**
OR
 Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

- The address associated with Customer Number: **43541**

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Fax		

Assignee Name and Address:

Zimmer Spine, Inc.
7375 Bush Lake Road
Minneapolis, MN 55439-2029

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date: 31 OCT 01
Name	Terry D. Schlotterback	Telephone: 952.830.6355
Title	President, Zimmer Spine, Inc.	

#20750765